

AMENDED IN SENATE SEPTEMBER 3, 2003

AMENDED IN SENATE AUGUST 18, 2003

AMENDED IN SENATE JUNE 30, 2003

AMENDED IN ASSEMBLY MAY 8, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 801

Introduced by Assembly Member Diaz
(Principal coauthors: Assembly Members Firebaugh and
Maldonado)
(Coauthors: Assembly Members Koretz, Leiber, and Yee)

February 20, 2003

An act to amend Section 853 of, and to add Article 10.5 (commencing with Section 2198) to Chapter 5 of Division 2 of, the Business and Professions Code, relating to the healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 801, as amended, Diaz. Dentists and physicians and surgeons.

(1) Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years. The program establishes requirements for the participants in the program.

This bill would revise the requirements applicable to the dentists who participate in the program.

(2) Existing law requires the Division of Licensing of the Medical Board of California to establish continuing medical education

requirements for physicians and surgeons and to administer other specified programs.

This bill would enact the Cultural and Linguistic Competency of Physicians Act of 2003 where local medical societies of the California Medical Association, while monitored by the division, would operate a voluntary competency program for physicians. The program would develop educational classes to teach foreign languages to interested physicians and would offer classes designed to teach physician participants about cultural practices and beliefs that impact health care. The bill would require the formation of a work group to examine and recommend whether successful participating physicians receive credit for the program and to evaluate the program. The bill would require funding of the program by fees charged to physicians who elect to take the educational classes and by any other funds secured by local medical societies.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) According to the 2000 United States Census, from July
- 4 1990 to July 1999, inclusive, California's population increased by
- 5 approximately 4 million people. Approximately 61 percent of this
- 6 growth can be attributed to the growth in the Latino population.
- 7 (b) Title VI of the Civil Rights Act of 1964 requires any
- 8 federally funded health facility to ensure persons with limited
- 9 English proficiency may meaningfully access health care services.
- 10 Persons with limited English proficiency are often excluded from
- 11 programs, experience delays or denial of services, or receive care
- 12 and services based on inaccurate or incomplete information.
- 13 (c) The Association of American Medical Colleges in 1998
- 14 found only 6.8 percent of all graduates from the United States
- 15 medical schools were of an ethnic or racial minority group.
- 16 (d) According to the Institute of Medicine report requested by
- 17 the United States Congress, research evidence suggests that
- 18 provider-patient communication is directly linked to patient
- 19 satisfaction and subsequent healthy outcomes for patients. Thus,
- 20 when sociocultural differences between the patient and the



1 provider are not appreciated, explored, understood, or
2 communicated in the medical encounter, the result is patient
3 dissatisfaction, poor adherence, poor outcomes, and racial and
4 ethnic disparities in health care.

5 (e) The Summit on Immigration Needs and Contributions of
6 the Bridging Borders in the Silicon Valley Project found that
7 approximately 50 percent of participants reported that having a
8 provider that speaks his or her language will improve the quality
9 of health care services they receive.

10 ~~(f) In its April 2003 report to the Legislature, the State Task~~
11 ~~Force on Culturally and Linguistically Competent Physicians and~~
12 ~~Dentists found that “our cultural beliefs impact and shape our~~
13 ~~beliefs about health care and the health care delivery system.~~
14 ~~Because health care providers frequently do not understand unique~~
15 ~~cultural beliefs about health care that many consumers hold, and~~
16 ~~do not consider culture when developing a treatment plan, many~~
17 ~~consumers are given treatment regimens that they will not follow.~~
18 ~~As a result, it is more important than ever that health care providers~~
19 ~~possess a degree of cultural competency that they bring to~~
20 ~~interactions with their patients.”~~

21 SEC. 2. Section 853 of the Business and Professions Code is
22 amended to read:

23 853. (a) The Licensed Physicians and Dentists from Mexico
24 Pilot Program is hereby created. This program shall allow up to 30
25 licensed physicians specializing in family practice, internal
26 medicine, pediatrics, and obstetrics and gynecology, and up to 30
27 licensed dentists from Mexico to practice medicine or dentistry in
28 California for a period not to exceed three years. The program shall
29 also maintain an alternate list of program participants.

30 (b) The Medical Board of California shall issue three-year
31 nonrenewable licenses to practice medicine to licensed Mexican
32 physicians and the Dental Board of California shall issue
33 three-year nonrenewable permits to practice dentistry to licensed
34 Mexican dentists.

35 (c) Physicians from Mexico eligible to participate in this
36 program shall comply with the following:

37 (1) Be licensed, certified or recertified, and in good standing in
38 their medical specialty in Mexico. This certification or
39 recertification shall be performed, as appropriate, by the Consejo
40 Mexicano de Ginecología y Obstetricia, A.C., the Consejo

1 Mexicano de Certificacion en Medicina Familiar, A.C., the
2 Consejo Mexicano de Medicina Interna, A.C., or the Consejo
3 Mexicano de Certificacion en Pediatria, A.C.

4 (2) Prior to leaving Mexico, each physician shall have
5 completed the following requirements:

6 (A) Passed the board review course with a score equivalent to
7 that registered by United States applicants when passing a board
8 review course for the United States certification examination in
9 each of his or her specialty areas and passed an interview
10 examination developed by the National Autonomous University
11 of Mexico (UNAM) for each specialty area. Family practitioners
12 who shall include obstetrics and gynecology in their practice, shall
13 also be required to have appropriately documented, as specified by
14 United States standards, 50 live births. Mexican obstetricians and
15 gynecologists shall be fellows in good standing of the American
16 College of Obstetricians and Gynecologists.

17 (B) (i) Satisfactorily completed a six-month orientation
18 program that addressed medical protocol, community clinic
19 history and operations, medical administration, hospital
20 operations and protocol, medical ethics, the California medical
21 delivery system, health maintenance organizations and managed
22 care practices, and pharmacology differences. This orientation
23 program shall be approved by the Medical Board of California to
24 ensure that it contains the requisite subject matter and meets
25 appropriate California law and medical standards where
26 applicable.

27 (ii) Additionally, Mexican physicians participating in the
28 program shall be required to be enrolled in adult English as a
29 Second Language (ESL) classes that focus on both verbal and
30 written subject matter. Each physician participating in the program
31 shall have transcripts sent to the Medical Board of California from
32 the appropriate Mexican university showing enrollment and
33 satisfactory completion of these classes.

34 (C) Representatives from the National Autonomous University
35 of Mexico (UNAM) in Mexico and a medical school in good
36 standing or a facility conducting an approved medical residency
37 training program in California shall confer to develop a mutually
38 agreed upon distant learning program for the six-month
39 orientation program required pursuant to subparagraph (B).



1 (3) Upon satisfactory completion of the requirements in
2 paragraphs (1) and (2), and after having received their three-year
3 nonrenewable medical license, the Mexican physicians shall be
4 required to obtain continuing education pursuant to Section 2190
5 of the Business and Professions Code. Each physician shall obtain
6 an average of 25 continuing education units per year for a total of
7 75 units for a full three years of program participation.

8 (4) Upon satisfactory completion of the requirements in
9 paragraphs (1) and (2), the applicant shall receive a three-year
10 nonrenewable license to work in nonprofit community health
11 centers and shall also be required to participate in a six-month
12 externship at his or her place of employment. This externship shall
13 be undertaken after the participant has received a license and is
14 able to practice medicine. The externship shall ensure that the
15 participant is complying with the established standards for quality
16 assurance of nonprofit community health centers and medical
17 practices. The externship shall be affiliated with a medical school
18 in good standing in California. Complaints against program
19 participants shall follow the same procedures contained in the
20 Medical Practice Act (Chapter 5 (commencing with Section
21 2000)).

22 (5) After arriving in California, Mexican physicians
23 participating in the program shall be required to be enrolled in
24 adult English as a Second Language (ESL) classes at institutions
25 approved by the Bureau of Private Post Secondary and Vocational
26 Education or accredited by the Western Association of Schools
27 and Colleges. These classes shall focus on verbal and written
28 subject matter to assist a physician in obtaining a level of
29 proficiency in English that is commensurate with the level of
30 English spoken at community clinics where he or she will practice.
31 The community clinic employing a physician shall submit
32 documentation confirming approval of an ESL program to the
33 Medical Board of California for verification. Transcripts of
34 satisfactory completion of the ESL classes shall be submitted to
35 the Medical Board of California as proof of compliance with this
36 provision.

37 (6) (A) Nonprofit community health centers employing
38 Mexican physicians in the program shall be required to have
39 medical quality assurance protocols and either be accredited by the
40 Joint Commission on Accreditation of Health Care Organizations



1 or have protocols similar to those required by the Joint
2 Commission on Accreditation of Health Care Organizations.
3 These protocols shall be submitted to the Medical Board of
4 California prior to the hiring of Mexican physicians.

5 (B) In addition, after the program participant successfully
6 completes the six-month externship program, a free standing
7 health care organization that has authority to provide medical
8 quality certification, including, but not limited to, health plans,
9 hospitals, and the Integrated Physician Association, shall be
10 responsible for ensuring and overseeing the compliance of
11 nonprofit community health centers medical quality assurance
12 protocols, conducting site visits when necessary, and developing
13 any additional protocols, surveys, or assessment tools to ensure
14 that quality of care standards through quality assurance protocols
15 are being appropriately followed by physicians participating in the
16 program.

17 (7) Participating hospitals shall have the authority to establish
18 criteria necessary to allow individuals participating in this
19 three-year pilot program to be granted hospital privileges in their
20 facilities.

21 (8) The Medical Board of California shall provide oversight
22 review of both the implementation of this program and the
23 evaluation required pursuant to subdivision (j). The Board shall
24 consult with the medical schools applying for funding to
25 implement and evaluate this program, executive and medical
26 directors of nonprofit community health centers wanting to
27 employ program participants, and hospital administrators who
28 will have these participants practicing in their hospital, as it
29 conducts its oversight responsibilities of this program and
30 evaluation. Any funding necessary for the implementation of this
31 program, including the evaluation and oversight functions, shall
32 be secured from nonprofit philanthropic entities. Implementation
33 of this program may not proceed unless appropriate funding is
34 secured from nonprofit philanthropic entities. The Medical Board
35 of California shall report to the Legislature every January during
36 which the program is operational regarding the status of the
37 program and the ability of the program to secure the funding
38 necessary to carry out its required provisions. Notwithstanding
39 Section 11005 of the Government Code, the board may accept
40 funds from nonprofit philanthropic entities. The board shall, upon

1 appropriation in the annual Budget Act, expend funds received
2 from nonprofit philanthropic entities for this program.

3 (d) (1) Dentists from Mexico eligible to participate in this
4 program shall comply with the following requirements or the
5 requirements contained in paragraph (2):

6 (A) Be graduates from the National Autonomous University of
7 Mexico School of Faculty Dentistry (Facultad de Odontologia).

8 (B) Meet all criteria required for licensure in Mexico that is
9 required and being applied by the National Autonomous
10 University of Mexico School of Faculty Dentistry (Facultad de
11 Odontologia), including, but not limited to:

12 (i) A minimum grade point average.

13 (ii) A specified English language comprehension and
14 conversational level.

15 (iii) Passage of a general examination.

16 (iv) Passage of an oral interview.

17 (C) Enroll and complete an orientation program that focuses on
18 the following:

19 (i) Practical issues in pharmacology that shall be taught by an
20 instructor who is affiliated with a California dental school
21 approved by the Dental Board of California.

22 (ii) Practical issues and diagnosis in oral pathology that shall be
23 taught by an instructor who is affiliated with a California dental
24 school approved by the Dental Board of California.

25 (iii) Clinical applications that shall be taught by an instructor
26 who is affiliated with a California dental school approved by the
27 Dental Board of California.

28 (iv) Biomedical sciences that shall be taught by an instructor
29 who is affiliated with a California dental school approved by the
30 Dental Board of California.

31 (v) Clinical history management that shall be taught by an
32 instructor who is affiliated with a California dental school
33 approved by the Dental Board of California.

34 (vi) Special patient care that shall be taught by an instructor
35 who is affiliated with a California dental school approved by the
36 Dental Board of California.

37 (vii) Sedation techniques that shall be taught by an instructor
38 who is affiliated with a California dental school approved by the
39 Dental Board of California.

1 (viii) Infection control guidelines which shall be taught by an
2 instructor who is affiliated with a California dental school
3 approved by the Dental Board of California.

4 (ix) Introduction to health care systems in California.

5 (x) Introduction to community clinic operations.

6 (2) (A) Graduate within the three-year period prior to
7 enrollment in the program, from a foreign dental school that has
8 received provisional approval or certification by November of
9 2003 from the Dental Board of California under the Foreign
10 Dental School Approval Program.

11 (B) Enroll and satisfactorily complete an orientation program
12 that focuses on the health care system and community clinic
13 operations in California.

14 (C) Enroll and satisfactorily complete a course taught by an
15 approved foreign dental school on the infection control guidelines
16 adopted by the Dental Board of California.

17 (3) Upon satisfactory completion to a competency level of the
18 requirements in paragraph (1) or (2), dentists participating in the
19 program shall be eligible to obtain employment in a nonprofit
20 community health center pursuant to subdivision (f) within the
21 structure of an extramural dental program for a period not to
22 exceed three years.

23 (4) Dentists participating in the program shall be required to
24 complete the necessary continuing education units required by the
25 Dental Practice Act (Chapter 4 (commencing with Section 1600)).

26 (5) The program shall accept 30 participating dentists. The
27 program shall also maintain an alternate list of program applicants.
28 If an active program participant leaves the program for any reason,
29 a participating dentist from the alternate list shall be chosen to fill
30 the vacancy. Only active program participants shall be required to
31 complete the orientation program specified in subparagraph (C) of
32 paragraph (1).

33 (6) (A) Additionally, an extramural dental facility may be
34 identified, qualified, and approved by the board as an adjunct to,
35 and an extension of, the clinical and laboratory departments of an
36 approved dental school.

37 (B) As used in this subdivision, "extramural dental facility"
38 includes, but is not limited to, any clinical facility linked to an
39 approved dental school for the purposes of monitoring or
40 overseeing the work of a dentist licensed in Mexico participating

1 in this program and that is employed by an approved dental school
2 for instruction in dentistry that exists outside or beyond the walls,
3 boundaries, or precincts of the primary campus of the approved
4 dental school, and in which dental services are rendered. These
5 facilities shall include nonprofit community health centers.

6 (C) Dental services provided to the public in these facilities
7 shall constitute a part of the dental education program.

8 (D) Approved dental schools shall register extramural dental
9 facilities with the board. This registration shall be accompanied by
10 information supplied by the dental school pertaining to faculty
11 supervision, scope of treatment to be rendered, arrangements for
12 postoperative care, the name and location of the facility, the date
13 operations shall commence at the facility, and a description of the
14 equipment and facilities available. This information shall be
15 supplemented with a copy of the agreement between the approved
16 dental school and the affiliated institution establishing the
17 contractual relationship. Any change in the information initially
18 provided to the board shall be communicated to the board.

19 (7) The program shall also include issues dealing with program
20 operations, and shall be developed in consultation by
21 representatives of community clinics, approved dental schools,
22 and the National Autonomous University of Mexico School of
23 Faculty Dentistry (Facultad de Odontologia).

24 (8) The Dental Board of California shall provide oversight
25 review of the implementation of this program and the evaluation
26 required pursuant to subdivision (j). The Dental Board shall
27 consult with dental schools in California that have applied for
28 funding to implement and evaluate this program and executive and
29 dental directors of nonprofit community health centers wanting to
30 employ program participants, as it conducts its oversight
31 responsibilities of this program and evaluation. Implementation of
32 this program may not proceed unless appropriate funding is
33 secured from nonprofit philanthropic entities. The Dental Board
34 of California shall report to the Legislature every January during
35 which the program is operational regarding the status of the
36 program and the ability of the program to secure the funding
37 necessary to carry out its required provisions. Notwithstanding
38 Section 11005 of the Government Code, the board may accept
39 funds from nonprofit philanthropic entities.

1 (e) Nonprofit community health centers that employ
2 participants shall be responsible for ensuring that participants are
3 enrolled in local English-language instruction programs and that
4 the participants attain English-language fluency at a level that
5 would allow the participants to serve the English-speaking patient
6 population when necessary and have the literacy level to
7 communicate with appropriate hospital staff when necessary.

8 (f) Physicians and dentists from Mexico having met the
9 applicable requirements set forth in subdivisions (c) and (d) shall
10 be placed in a pool of candidates who are eligible to be recruited
11 for employment by nonprofit community health centers in
12 California, including, but not limited to, those located in the
13 Counties of Ventura, Los Angeles, San Bernardino, Imperial,
14 Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz,
15 Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno,
16 Stanislaus, San Luis Obispo, and San Diego. The Medical Board
17 of California shall ensure that all Mexican physicians participating
18 in this program have satisfactorily met the requirements set forth
19 in subdivision (c) prior to placement at a nonprofit community
20 health center.

21 (g) Nonprofit community health centers in the counties listed
22 in subdivision (f) shall apply to the Medical Board of California
23 and the Dental Board of California to hire eligible applicants who
24 shall then be required to complete a six-month externship that
25 includes working in the nonprofit community health center and a
26 corresponding hospital. Once enrolled in this externship, and upon
27 payment of the required fees, the Medical Board of California shall
28 issue a three-year nonrenewable license to practice medicine and
29 the Dental Board of California shall issue a three-year
30 nonrenewable dental special permit to practice dentistry. For
31 purposes of this program, the fee for a three-year nonrenewable
32 license to practice medicine shall be nine hundred dollars (\$900)
33 and the fee for a three-year nonrenewable dental permit shall be
34 five hundred forty-eight dollars (\$548). A licensee or
35 permitholder shall practice only in the nonprofit community
36 health center that offered him or her employment and the
37 corresponding hospital. This three-year nonrenewable license or
38 permit shall be deemed to be a license or permit in good standing
39 pursuant to the provisions of this chapter for the purpose of
40 participation and reimbursement in all federal, state, and local



1 health programs, including managed care organizations and health
2 maintenance organizations.

3 (h) The three-year nonrenewable license or permit shall
4 terminate upon notice by certified mail, return receipt requested,
5 to the licensee's or permitholder's address of record, if, in the
6 Medical Board of California or Dental Board of California's sole
7 discretion, it has determined that either:

8 (1) The license or permit was issued by mistake.

9 (2) A complaint has been received by either board against the
10 licensee or permitholder that warrants terminating the license or
11 permit pending an investigation and resolution of the complaint.

12 (i) All applicable employment benefits, salary, and policies
13 provided by nonprofit community health centers to their current
14 employees shall be provided to medical and dental practitioners
15 from Mexico participating in this pilot program. This shall include
16 nonprofit community health centers providing malpractice
17 insurance coverage.

18 (j) Beginning 12 months after this pilot program has
19 commenced, an evaluation of the program shall be undertaken
20 with funds provided from philanthropic foundations. The
21 evaluation shall be conducted jointly by one medical school and
22 one dental school in California and the National Autonomous
23 University of Mexico in consultation with the Medical Board of
24 California and the Dental Board of California. If the evaluation
25 required pursuant to this section does not begin within 15 months
26 after the pilot project has commenced, the evaluation may be
27 performed by an independent consultant selected by the Director
28 of the Department of Consumer Affairs. This evaluation shall
29 include, but not be limited to, the following issues and concerns:

30 (1) Quality of care provided by doctors and dentists licensed
31 under this pilot program.

32 (2) Adaptability of these licensed practitioners to California
33 medical and dental standards.

34 (3) Impact on working and administrative environment in
35 nonprofit community health centers and impact on interpersonal
36 relations with medical licensed counterparts in health centers.

37 (4) Response and approval by patients.

38 (5) Impact on cultural and linguistic services.

39 (6) Increases in medical encounters provided by participating
40 practitioners to limited English-speaking patient populations and

1 increases in the number of limited English-speaking patients
2 seeking health care services from nonprofit community health
3 centers.

4 (7) Recommendations on whether the program should be
5 continued, expanded, altered, or terminated.

6 (8) Progress reports on available data listed shall be provided
7 to the Legislature on achievable time intervals beginning the
8 second year of implementation of this pilot program. An interim
9 final report shall be issued three months before termination of this
10 pilot program. A final report shall be submitted to the Legislature
11 at the time of termination of this pilot program on all of the above
12 data. The final report shall reflect and include how other initiatives
13 concerning the development of culturally and linguistically
14 competent medical and dental providers within California and the
15 United States are impacting communities in need of these health
16 care providers.

17 (k) Costs for administering this pilot program shall be secured
18 from philanthropic entities.

19 (l) Program applicants shall be responsible for working with
20 the governments of Mexico and the United States in order to obtain
21 the necessary three-year visa required for program participation.

22 SEC. 3. Article 10.5 (commencing with Section 2198) is
23 added to Chapter 5 of Division 2 of the Business and Professions
24 Code, to read:

25
26 Article 10.5. Cultural and Linguistic Competency of
27 Physicians Act of 2003
28

29 2198. (a) This article shall be known and may be cited as the
30 Cultural and Linguistic Competency of Physicians Act of 2003.
31 The cultural and linguistic physician competency program is
32 hereby established and shall be operated by local medical societies
33 of the California Medical Association and shall be monitored by
34 the Division of Licensing .

35 (b) This program shall be a voluntary program for all interested
36 physicians. As a primary objective, the program shall consist of
37 educational classes which shall be designed to teach physicians the
38 following:



1 (1) A foreign language at the level of proficiency that initially
2 improves their ability to communicate with non-English speaking
3 patients.

4 (2) A foreign language at the level of proficiency that
5 eventually enables direct communication with the non-English
6 speaking patients.

7 (3) Cultural beliefs and practices that may impact patient health
8 care practices and allow physicians to incorporate this knowledge
9 in the diagnosis and treatment of patients who are not from the
10 predominate culture in California.

11 (c) The program shall operate through local medical societies
12 and shall be developed to address the ethnic language minority
13 groups of interest to local medical societies.

14 (d) In dealing with Spanish language and cultural practices of
15 Mexican immigrant communities, the cultural and linguistic
16 training program shall be developed with direct input from
17 physician groups in Mexico who serve the same immigrant
18 population in Mexico. A similar approach may be used for any of
19 the languages and cultures that are taught by the program or
20 appropriate ethnic medical societies may be consulted for the
21 development of these programs.

22 (e) Training programs shall be based and developed on the
23 established knowledge of providers already serving target
24 populations and shall be formulated in collaboration with the
25 California Medical Association, the ~~board~~ *Division of Licensing*,
26 and other California-based ethnic medical societies.

27 (f) Programs shall include standards that identify the degree of
28 competency for participants who successfully complete
29 independent parts of the course of instruction.

30 (g) Programs shall seek accreditation by the Accreditation
31 Council for Continuing Medical Education.

32 (h) The Division of Licensing shall convene a workgroup
33 including, but not limited to, representatives of affected patient
34 populations, medical societies engaged in program delivery, and
35 community clinics to perform the following functions:

36 (1) Evaluation of the progress made in the achievement of the
37 intent of this article.

38 (2) Determination of the means by which achievement of the
39 intent of this article can be enhanced.

1 (3) Evaluation of the reasonableness and the consistency of the
2 standards developed by those entities delivering the program.

3 (4) Determination and recommendation of the credit to be
4 given to participants who successfully complete the identified
5 programs. Factors to be considered in this determination shall
6 include, at a minimum, compliance with requirements for
7 continuing medical education and eligibility for increased rates of
8 reimbursement under Medi-Cal, the Healthy Families Program,
9 and health maintenance organization contracts.

10 (i) Funding shall be provided by fees charged to physicians
11 who elect to take these educational classes and any other funds that
12 local medical societies may secure for this purpose.

13 (j) A survey for language minority patients shall be developed
14 and distributed by local medical societies, to measure the degree
15 of satisfaction with physicians who have taken the educational
16 classes on cultural and linguistic competency provided under this
17 section. Local medical societies shall also develop an evaluation
18 survey for physicians to assess the quality of educational or
19 training programs on cultural and linguistic competency. This
20 information shall be shared with the workgroup established by the
21 Division of Licensing.

22 2198.1. For purposes of this article, “cultural and linguistic
23 competency” means cultural and linguistic abilities that can be
24 incorporated into therapeutic and medical evaluation and
25 treatment, including, but not limited to, the following:

26 (a) Direct communication in the patient-client primary
27 language.

28 (b) Understanding and applying the roles that culture,
29 ethnicity, and race play in diagnosis, treatment, and clinical care.

30 (c) Awareness of how the health care providers and patients
31 attitudes, values, and beliefs influence and impact professional
32 and patient relations.

